



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS D-02.2	Subject: DISPOSAL OF EXPIRED, DISCONTINUED or DAMAGED NARCOTICS	
Reference: NCCHC Standard P-D 01,2014 DEA Office of Diversion Control, 21CFR, 1300 et seq.; Title 21, Code of Federal Regulations, Section 1307.21; 1970 Controlled Substances Act, Section 307	Page 1 of 2 and no attachments	
Effective Date: November 1, 2010	Revised: June 1, 2017	
Signature / Title: /s/ Cindy Hiner / Health Services Manager		
Signature / Title: /s/ Tristan Kohut, D.O. / Medical Director		

I. PURPOSE

To establish and maintain accountability for expired, discontinued, or damaged (“wasted”) DEA controlled medications. Scheduled medications will remain on site until disposal and will not be returned to the contract pharmacy. Formal arrangements will be put into place, in accordance with applicable state and federal laws, for their secure disposal and for inventory accountability until the disposal process can be accomplished.

II. DEFINITIONS none

III. PROCEDURES

A. General guidelines

1. DEA Controlled medications packaged/labeled by Diamond Pharmacies Discontinued or expired controlled medications in containers received from Diamond Pharmacies will be accounted for only by licensed health care staff until they are properly disposed of. This accounting will only be accomplished in one of two following manners:
 - a. Maintained securely, with an active ongoing shift to shift count of each medication; or
 - b. Placing the controlled substances into the silver cabinet, located in the infirmary pharmacy.
 - 1) Information about the expired medication must be entered only by licensed health care staff onto a log.
 - 2) The container will always be securely locked and only the Medical Services Manager or designee will be allowed access to the key to this cabinet.

B. Damaged or “wasted” DEA controlled medication doses

1. Single doses of narcotics will be considered “wasted” when a single unit (tablet, capsule, etc.) of medication is removed from a blister pack or other container and is not issued to an inmate for various reasons (refusal, altered tablet, tablet dropped on floor, etc.). The medication will not be placed back into the blister pack, and will not be held for a later time due to pharmacy labeling laws. Hence, the medication is “wasted”.
2. Wasted medications are to be accounted for on the Narcotic Log by licensed healthcare staff. When “wasting” a controlled substance, the nurse must document that the drug was *wasted* on the DEA Narcotic Log on the row the medication was signed out on. Two nursing staff must witness the medication being wasted, and both nurses must sign the Narcotic Log.

C. Receipt of DEA controlled medications from sources other than Diamond Pharmacies

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1. These also apply to medications from a retail pharmacy, from a health care entity, or from the intake process.
2. The nurse receiving the medication will fill out an incident report, noting the inmate's name, the name of the controlled substance received, and the amount received. The receiving nurse will deliver the medication to the ADON, or their designee, to be counted, logged into the Narcotic Log, and secured in the silver cabinet located in the pharmacy for destruction by a licensed pharmacist.

D. Destruction of Controlled Substance

1. A Diamond Pharmacist will be on site quarterly to document and destroy all controlled substances stored in the silver cabinet.
2. All destroyed controlled substances will be counted by the Diamond Pharmacist and the Health Services Manager or designee, and recorded on the appropriate DEA forms. The original DEA form is then sent by the Assistant Director of Nursing or designee to the DEA office.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Health Services Manager.

V. ATTACHMENTS none